



Zoghor Regulated NON-WDT SACCO

Building One Another

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CHANGE OF NOMINATED NEXT KIN

I of MEMBER REG NO:hereby change the names of previously nominated next of kin/s. The undersigned person/s will be my next of kin in the event of my death whilst a member of the Zoghor Sacco Society limited. I instruct the company to pay all amounts due less any debts.

FULL NAMES	1D/BIRTH CERT NO:	RELATIONSHIP	PHONE NO	%

MEMBER SIGNATURE_____ **DATE** _____

WITNESS FULL NAMES: _____

REG NO:_____ **SIGNATURE**_____ **DATE**_____

***Note:** Attach members copy of I.D plus next of Kin copy/s of I.D and in case under-age attach copy of birth certificate/s*

Kindly note signing this form nullifies/invalidates any other next of kin form previously signed.

Fill the **form and return it** in any of our offices or **scan and email** back via support@zoghorisacco.com.